

## Washington State



## CAREER DEVELOPMENT PLAN

For Internal Use Only

LiLA Participant # \_\_\_\_\_

Date Received \_\_\_\_\_

Date Approved \_\_\_\_\_

Welcome to the Washington State LiLA Program! One of the key features of the LiLA program is development of a personal Career Development Plan (CDP). The CDP is designed to assist you in making informed decisions for using your LiLA account to further your education or training.

Listed below are the forms and steps used to complete your Career Development Plan and timelines for submission. It is your responsibility to complete and submit each form within the timeframes.

Career Development Plan Completion StepsTimeline

Form E - Step 1 – Select Career Development Plan Option

Submit with LiLA Enrollment Form

Form E - Step 2 - Establish Education/Training Goals

Within 90 days of LiLA EnrollmentForm E - Step 3 - Plan for LiLA Funded Education/  
TrainingWithin 30 days of beginning your  
education/training program or activity

Form E – Step 4 – Review your learning activities

Within 45 days of completion of  
education/training program or activity.**Participant Information**

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home email address: \_\_\_\_\_

Home phone: (    ) \_\_\_\_\_ Cell phone: (    ) \_\_\_\_\_

Name of employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Please continue to the reverse side of this form to complete Step 1 - Select your option for creating your LiLA Career Development Plan.**

For more information, please contact:

Workforce Training and Education Coordinating Board  
Attn: Patrick Woods, LiLA Program Administrator  
128 - 10<sup>th</sup> Avenue, SW  
Olympia, WA 98504-3105  
Phone: 360.664-4232  
Email: [pwoods@wtb.wa.gov](mailto:pwoods@wtb.wa.gov)

**Step 1 - Select Option for Completing Career Development Plan**

You can choose one of two options for completing your Career Development Plan. **Please answer the questions below before deciding which option is best for you.**

1. I am clear on my education and training goals and know the type of courses or programs I need to reach my career goals. ☐ Yes ☐ No
2. I am comfortable using the internet to download forms or use search engines (i.e. Google, Yahoo, etc.) to find career related information. ☐ Yes ☐ No
3. I would prefer to complete my Career Development Plan on my own with the understanding that I can request the help of a career advisor at any time. ☐ Yes ☐ No
4. I would prefer to be assigned a career advisor at no cost to help me explore my career options and make choices about my education and training. ☐ Yes ☐ No

If you answered **Yes** to questions 1, 2 and 3, you may want to consider electing Option A for self-directing completion of your Career Development Plan. If you answered **No** to questions 2 and/or 4, you may want to select Option B and you will be assigned a career counselor to assist you in making informed decisions.

**I have reviewed the options above and am electing to use:**

- ☐ **Option A – Self-Directed Completion.** I am clear on my career and education goals and need minimal assistance in completing my Career Development Plan. I also understand that Web links are available at [www.Lila.wa.gov](http://www.Lila.wa.gov) to assist my research and I can receive the assistance of a career advisor if I need assistance.
- ☐ **Option B – Advisor Assisted Completion.** I would like a LiLA Representative to direct me to a career advisor in my area for help in completing your Career Development Plan. I understand that the career advisor will not charge me for the assistance provided.

**Note: To change your CDP completion option at any time, contact the LiLA Program Administrator at (306.704.6444) for assistance.**

**SIGNATURE**

*I have read and understand my options for completing my LiLA Career Development Plan. I further understand that I can change my option at any time.*

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this form to your employer along with your LiLA Employee Enrollment Form.**

**Thank you!**

## Washington State



## CAREER DEVELOPMENT PLAN

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LiLA Participant # \_\_\_\_\_

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Date Approved \_\_\_\_\_

## EDUCATION &amp; TRAINING GOALS

(To be completed and submitted within 90 days of enrollment)

Please answer all questions.

## Participant Information

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Name of employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

## Education History

Schools Attended	City	Dates Attended	Area of Study	Diploma/Certificate or Degree

1. Check all of the levels of education you have completed:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Grade school (K-6)          | <input type="checkbox"/> Attended college/voc. school      | <input type="checkbox"/> Master's degree or higher  |
| <input type="checkbox"/> Middle school (7-8)         | <input type="checkbox"/> Voc. certificate (1 year or less) | <input type="checkbox"/> Completed apprenticeship   |
| <input type="checkbox"/> Attended high school (9-12) | <input type="checkbox"/> Associate's degree                | <input type="checkbox"/> Attained Journeyman status |
| <input type="checkbox"/> High school diploma or GED  | <input type="checkbox"/> Bachelor's degree                 |   |

2. List other education or training activities you've completed since high school or college.

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**Current Education and Training Activities**

- 3) Are you currently enrolled in college or an education or training program? ☐ Yes ☐ No  
 If yes, please indicate the activity below by checking all that apply and complete questions 4 – 8.
- |  |  |
|--|--|
| <input type="checkbox"/> High school diploma or GED                | <input type="checkbox"/> Prerequisite class(es) in _____                 |
| <input type="checkbox"/> Associate's degree in _____               | <input type="checkbox"/> Class(es) for personal interest or hobby        |
| <input type="checkbox"/> Vocational certificate (one year of less) | <input type="checkbox"/> For-credit classes for professional development |
| <input type="checkbox"/> Bachelor's degree in _____                | <input type="checkbox"/> Non-credit seminar or workshops                 |
| <input type="checkbox"/> Master's degree or higher in _____        | <input type="checkbox"/> English language classes                        |
| <input type="checkbox"/> Doctorate degree in _____                 | <input type="checkbox"/> Other, please describe _____                    |
- 4) Name of current education/training provider: \_\_\_\_\_
- 5) Name of the program/courses you are taking? \_\_\_\_\_
- 6) Are you enrolled: ☐ Full-time ☐ Part-time
- 7) Expected completion date: \_\_\_\_\_
- 8) Are you planning to use your LiLA to complete your program? ☐ Yes ☐ No

**Work History, Skills & Interests**

- 1) What types of jobs have you performed? For what type of business?

Type of Job	Type of Business

- 2) What types of personal and basic skills help you perform your current job?

Personal Skills (Examples: Cooperation, creativity, good attitude, drive, optimism, safe work habits, teamwork)	Basic Skills (Examples: Reading, writing, math, speaking, listening, problem solving, decision making)

- 3) What are your areas of greatest interest? Include hobbies, passions, leisure activities, and more.

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**Education & Training Goals (Continued)**

4) What type of jobs are you most interested in?

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5) What areas of skill development, education or training does your current employer need most?  
(Please review the Industry Questionnaires completed by participating Employers.)

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**Career Goals**

1) What are your career goals? (What would you like to become?)

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2) What are your career goals related to? (*Check all that apply*)

- ☐ My current position
- ☐ A higher level position with my current employer
- ☐ Advancement within my current industry
- ☐ Education or training needed to change careers

3) Where are you in relation to your career goals?

- ☐ Haven't started
- ☐ Have taken a few steps
- ☐ Halfway there
- ☐ Almost there

4) What is the projected job market for your chosen career goals?

- ☐ Short-term rapid growth
- ☐ Long-term growth and stability
- ☐ Stable (small growth or decline)
- ☐ Subject to economic up and down swings
- ☐ Possible short-term decline
- ☐ Possible long-term decline
- ☐ Don't know

5) What do you want to accomplish by establishing a LiLA account?

- ☐ Improve skills related to my current position
- ☐ Advance to a higher level position with my current employer
- ☐ Advance within my current industry
- ☐ Receive education or training needed to change careers
- ☐ Don't know

**FORM E – Step 2****Education & Training Goals (Continued)**

6) What type of education or training would you like to pursue?

- |  |  |
|--|--|
| <input type="checkbox"/> High school diploma or GED                | <input type="checkbox"/> Prerequisite class(es) in _____                 |
| <input type="checkbox"/> Associate's degree in _____               | <input type="checkbox"/> Class(es) for personal interest or hobby        |
| <input type="checkbox"/> Bachelor's degree in _____                | <input type="checkbox"/> For-credit classes for professional development |
| <input type="checkbox"/> Master's degree or in higher in _____     | <input type="checkbox"/> Non-credit seminar or workshops                 |
| <input type="checkbox"/> Vocational certificate (one year or less) | <input type="checkbox"/> English language classes                        |
| <input type="checkbox"/> Other, please describe _____              | <input type="checkbox"/>   |

**Readiness**

1) When will you be ready to start your education or training?

- ☐ Within 1 year  
☐ In 2-3 years  
☐ In 4-6 years  
☐ Need to take refresher classes  
☐ Need to take language skills classes

2) What types of challenges do you anticipate in continuing your education or training?

- Check or identify any/all types of potential challenges you anticipate
- List the strategies and/or resources necessary to overcome those challenges
- Using a scale of 1-10, with 1 being "not a significant challenge" and 10 being "a very significant challenge," please rate each barrier in terms of how you think it will hinder your progress.

Type of Challenge	Ways to Overcome	Rating
<input type="checkbox"/> Taking time off from work		
<input type="checkbox"/> Finding time outside of work		
<input type="checkbox"/> Additional financial help		
<input type="checkbox"/> Child or elder care		
<input type="checkbox"/> Transportation		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

4) Use the chart below to list the action steps you will take and timelines for completion in preparation for continuing your education or training.

Action Step	Timeline
1.	
2.	
3.	
4.	
5.	
6.	
7.	

**FORM E – Step 2**

**Education & Training Goals (Continued)**

**Please sign/submit** using the CDP option selected:

**Option A: Self-Directed**

Participant signature \_\_\_\_\_ Date \_\_\_\_\_

☐ Email Submission

☐ Fax Submission

☐ USPS Mail

**Option B: Career Advisor Assisted**

Participant signature \_\_\_\_\_ Date \_\_\_\_\_

Career advisor signature \_\_\_\_\_ Date \_\_\_\_\_

☐ Personal Interview

☐ Phone Interview

Send this form to: **Workforce Training and Education Coordinating Board**  
**Attn: Patrick Woods, LiLA Program Administrator**  
**128 - 10<sup>th</sup> Avenue, SW**  
**Olympia, WA 98504-3105**  
**Phone: 360.664-4232**  
**Email: [pwoods@wtb.wa.gov](mailto:pwoods@wtb.wa.gov)**





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**CAREER DEVELOPMENT PLAN****PLAN FOR USING LiLA FUNDS**

Please complete all areas of requested information **AT LEAST 30 DAYS PRIOR TO REGISTERING** for education and training activities.

**Participant Information**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home email address: \_\_\_\_\_

Home phone: (    ) \_\_\_\_\_ Cell phone: (    ) \_\_\_\_\_

**Education/Training**

Name of education/training provider: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

1) Education/Training start date: \_\_\_\_\_

2) What is your goal in enrolling in the education or training program?

- ☐ Earn high school diploma or GED
- ☐ Earn vocational certificate (one year of less) in: \_\_\_\_\_
- ☐ Earn associate's degree in \_\_\_\_\_
- ☐ Earn bachelor's degree in \_\_\_\_\_
- ☐ Earn master's degree in \_\_\_\_\_
- ☐ Earn doctorate in \_\_\_\_\_
- ☐ Take apprenticeship classes in \_\_\_\_\_
- ☐ Take prerequisite class(es) in \_\_\_\_\_
- ☐ Take continuing education class(es) in \_\_\_\_\_
- ☐ Take class(es) for personal interest or hobby
- ☐ Take credit classes for professional development in \_\_\_\_\_
- ☐ Take non-credit seminar or workshops in \_\_\_\_\_
- ☐ Take English language classes
- ☐ Other, please describe \_\_\_\_\_

3) Are you enrolling: ☐ Full-time ☐ Part-time ☐ Other

4) Expected completion date: \_\_\_\_\_

5) Number of semester/quarter hour credits you expect to earn: \_\_\_\_\_

**PLAN FOR UTILIZING LiLA FUNDS (Continued)**

**Budget**

- 1) Please list the estimated or actual costs (if known) for the education or training activity you will be using your LiLA account for.

Purpose/Use	Estimated/Actual Cost
Tuition (credit or non-credit courses)	\$ _____
Registration fees for seminars or workshops*	\$ _____
Course supplies and equipment*	\$ _____
Books	\$ _____
Distance/online learning courses	\$ _____
Credit for Prior Learning Assessment (PLA)	\$ _____
Lab or other education-related fees	\$ _____
Apprenticeship program educational costs	\$ _____
Test-outs (such as CLEP exam)	\$ _____
Adult Basic Education/English as a Second Language courses	\$ _____
Parking fees (when required by provider)	\$ _____
Other education-related fees	\$ _____
<b>TOTAL ESTIMATED/ACTUAL COST</b>	\$ _____
<b>BALANCE OF LiLA ACCOUNT (Date: __/__/__)</b>	\$ _____

\* Career related workshops/seminars provided by private or professional organizations/institutions

\*\* May include purchase of computer if required in the course syllabus

- 2) If your estimated cost of education is greater than your LiLA account balance, how do you plan to finance the difference? \_\_\_\_\_

**Paying for Education or Training**

Indicate which of the following options you will use to pay for your education or training:

- ☐ **Option 1: Request for withdrawal.** I am requesting a withdrawal from my LiLA account prior to beginning my education or training activity. Attached is my *LiLA Request for Withdrawal-Form F*.
- ☐ **Option 2: Request for Reimbursement.** I will be requesting reimbursement for my approved education or training activity. To receive reimbursement, up to the amount in my LiLA account, I will be submitting *LiLA Request for Reimbursement - Form G*.

**Please sign and submit**

Participant signature \_\_\_\_\_ Date \_\_\_\_\_

Submit To: **Workforce Training and Education Coordinating Board**  
**Attn: Patrick Woods, LiLA Program Administrator**  
**128 - 10<sup>th</sup> Avenue, SW**  
**Olympia, WA 98504-3105**  
**Phone: 360.664-4232**  
**Email: [pwoods@wtb.wa.gov](mailto:pwoods@wtb.wa.gov)**



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Date Approved \_\_\_\_\_

## REVIEW OF LiLA LEARNING ACTIVITY

Please complete and submit **WITHIN 30 DAYS FOLLOWING COMPLETION** of education and training activities.

## Participant Information:

LiLA Participant ID Number: (Assigned by LiLA Program Coordinator): \_\_\_\_\_

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home email address: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Cell phone: (    ) \_\_\_\_\_

## Education/Training Provider

Name of education/training provider: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

3) Education/training completion date: \_\_\_\_\_

4) What progress did you make toward achieving your education or training goals? (Check all that apply)

- ☐ Earned high school diploma or GED
- ☐ Earned vocational certificate (one year or less) in: \_\_\_\_\_
- ☐ Earned associate's degree in \_\_\_\_\_
- ☐ Earned bachelor's degree in \_\_\_\_\_
- ☐ Earned master's degree in \_\_\_\_\_
- ☐ Earned doctorate in \_\_\_\_\_
- ☐ Completed class leading to degree/certificate in \_\_\_\_\_
- ☐ Completed apprenticeship classes in \_\_\_\_\_
- ☐ Completed prerequisite class(es) in \_\_\_\_\_
- ☐ Completed continuing education class(es) in \_\_\_\_\_
- ☐ Completed class(es) for personal interest or hobby
- ☐ Completed credit classes for professional development in \_\_\_\_\_
- ☐ Completed non-credit seminar or workshops in \_\_\_\_\_
- ☐ Completed English language classes
- ☐ Other, please describe \_\_\_\_\_

3) I was enrolled: ☐ Full-time ☐ Part-time ☐ Other

4) Number of semester/quarter hour credits you earned (If applicable): \_\_\_\_\_

**REVIEW OF LiLA LEARNING ACTIVITY (Continued)**

**Career Goals**

1) How has your LiLA funded education or training activity helped you in reaching your career goals?  
(Check all that apply)

- ☐ No change
- ☐ Assisted with my professional development
- ☐ Increased my skills necessary to do my current job
- ☐ Increased my potential for higher level position with my current employer
- ☐ Received a promotion from my current employer
- ☐ Helped me to advance within my current industry
- ☐ Advanced to a higher level within my current industry
- ☐ Helped me get started on the education or training needed to change careers
- ☐ Provided education or training needed to change careers
- ☐ Received industry certification or license
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

6) Where are you now in relation to your career goals?

- ☐ Just started
- ☐ Have taken a few steps
- ☐ Halfway there
- ☐ Almost there

7) What is the greatest benefit you received from establishing a LiLA account?

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8) Would you recommend establishing a LiLA account to a friend or colleague? ☐ Yes ☐ No

9) What recommendations do you have for improving the LiLA program?

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Participant signature \_\_\_\_\_ Date \_\_\_\_\_

Submit To: Workforce Training and Education Coordinating Board  
Attn: Patrick Woods, LiLA Program Administrator  
128 - 10<sup>th</sup> Avenue, SW  
Olympia, WA 98504-3105  
Phone: 360.664-4232  
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